

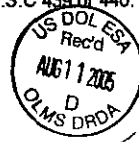
# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - <u>5458</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing.  Name <u>LARRY D BARBER</u>  P.O. Box, Bldg., Room No., if any  Street <u>6772 DEERWOOD LANE N</u>  City <u>MAPLE GROVE</u>  State <u>Minnesota</u> ZIP Code + 4 <u>55369</u>	4. Name, file number, and address of labor organization.  Name <u>BCTGM INTERNATIONAL</u>  Labor Organization File Number <u>000315</u>  P.O. Box, Building and Room Number, if any  Street <u>10401 CONNECTICUT AVE</u>  City <u>KENSINGTON</u>  State <u>Maryland</u> ZIP Code + 4 <u>20895</u>
5. Position in labor organization. <u>EXECUTIVE VICE PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

Telephone Number

Name of Person Filing LARRY BARBER	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name UBS GLOBAL ASSET MANAGEMENT</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street ONE NORTH WACKER DRIVE</p> <p>City CHICAGO</p> <p>State Illinois ZIP Code + 4 60606</p>	<p>14.a. Nature of payment.</p> <p>MEAL PROVIDED TO COMPANY AND UNION TRUSTEES</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment \$126</p>

Name of Person Filing LARRY BARBER	File Number U-
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**Part C Continuation Page**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name AFGM INDUSTRY WIDE EMPLOYEES PENSION PLAN  Trade Name, if any:  P.O. Box, Bldg., Room No., if any SUITE 200  Street 14115 LINCOLN ST. NE  City HAM LAKE  State Minnesota ZIP Code + 4 55304-4671	14.a. Nature of payment.  REIMBURSEMENT FOR EXPENSES INCURRED WHILE SERVING AS A TRUSTEES FOR AN ERISA TRUST FUND
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?	14.b. Amount of payment: \$2,925

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name JaK Direct  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 885 third Ave., Suite 1720  City New York  State New York ZIP Code + 4 10022	14.a. Nature of payment  Golf provided while serving as a Trustees for an Erisa Trust Fund.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?	14.b. Amount of payment: \$81

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name BCTGM INTERNATIONAL UNION  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 10401 CONNECTICUT AVE  City KENSINGTON  State Maryland ZIP Code + 4 20895-3960	14.a. Nature of payment  REIMBURSEMENT FOR EXPENSES INCURRED WHILE SERVING AS A TRUSTEES FOR AN ERISA TRUST FUND
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?	14.b. Amount of payment: \$109